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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/954,663			ing Date 12/2001	To be Mailed
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR	١	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		*			X \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 add	If the specification and d sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) ar			plication size fee due entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	12/06/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 84	Minus	** 143		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 45	Minus	***47		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Columr	າ 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	∃R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		П		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		X \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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